



Future Academy®'s Multidisciplinary Conference

Adjustment in Medical Specialist Workaholics

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Abstract

The purpose of the study was to compare workaholics individual adjustment in different dimensions: individual, family, marital, social, and job with nonworkaholics individual. The sample consisted of 101 medical specialists (49 workaholics and 54 non workaholics). Multidimensional Adjustment Scale (MAS) was used in this study. The MAS includes 5 subscales: individual, family, marital, social, and job. MANOVA test was run to compare these two groups in different dimensions of adjustment. The result of the MANOVA test revealed that there are significant differences between workaholic group and non workaholic group in individual adjustment and family adjustment and marital adjustment. This test showed that workaholic group has poor adjustment in individual, family and marital adjustment. In sum, the results revealed that workaholism has negative outcomes for family

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Peer-review under responsibility of Future Academy® Cognitive Trading

Keywords: workaholism, adjustment, workaholic

1. Introduction

The goal of the present study was to exam the relationship between workaholic and adjustment in medical specialist. According to Mosier (1983) workaholic is a person who works at least 50 hours per week. Machlowitz (1980) defined workaholics are people who “always devote more time and thoughts to their work than the situation demand”. Researchers defined different dimensions for workaholic: work involvement, drive to work, and work enjoyment (Spence and Robbins, 1992). For workaholic, his/her work matters hold the most part of his/her thinking time. In the other words workaholics specify more time to challenge with their works’ tasks, have high level of motivation to do their tasks, and are more excited to involve with their job.

Previous researches showed that workaholism is associated with negative and positive outcome (Mirza, 2012).

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According to Schaufeli, Shimazu, & Taris (2009) workaholism contributes with poor wellbeing and burnout. These researchers showed that workaholism leads to poor wellbeing and burnout indirectly via mediating role of “role conflicts”. They revealed that workaholism has a positive direct effect on role conflicts and role conflicts has a negative direct effect on wellbeing and a positive direct effect on burnout.

According to Killinger (1991), workaholics have problem to make intimation in their relationship. Hammer, Bauer, & Grandey (2003) concluded that workaholism leads to work-family conflicts. Snir and Harpaz (2004) revealed that workaholism is correlated with family centrality negatively. Robinson, Carroll, and Flowers (2001) found that female spouses of workaholics felt problems in their marital relationships. Moreover, Burke (2000) showed low work-family balance in workaholics individuals.

Clark, Livesley, Schroeder, & Irish (1996) showed that workaholism is correlated with Obsessiveness and compulsiveness. Bakker, Demerouti, and Burke (2009) in their study showed that there is a positive correlation between workaholism and work-family conflicts. Also the research revealed that spouses of workaholics have low marital satisfaction and poor positive feelings (Robinson, Carroll, & Flowers, 2001).

The positive outcomes of workaholism are high level of job satisfaction and production (Machlowitz, 1979). Workaholics have high performance in their organization. Liang and Chu (2009) revealed that achievement orientation and perfectionism are two indicators which are correlated with workaholism.

Some researchers exam the correlation between personality traits and workaholism. For example Zhdanova et al. (2006) found a positive relationship between workaholism and perfectionism and Type-A personality. Schwartz (1982) found a positive correlation between workaholism and Type-A personality.

The goal of the study was to exam the relationship between workaholism and adjustment. The main questions in this research were:

- a) Is there a significant difference between workaholics and non workaholics group in individual adjustment?
- b) Is there a significant difference between workaholics and non workaholics group in family adjustment?
- c) Is there a significant difference between workaholics and non workaholics group in social adjustment?
- d) Is there a significant difference between workaholics and non workaholics group in job adjustment?
- e) Is there a significant difference between workaholics and non workaholics group in marital adjustment?

2. Method

The sample consisted of 101 (52 male and 49 female) medical specialists (aged from 28 to 70 years old) in Shiraz, Iran. The sampling method was accidental method. The sample was divided in two groups, workaholics (n=47) and non workaholics (n=54) group based on the time of work per week. Participants in workaholism group work more than 48 hours per week.

Multidimensional Adjustment Scale (MAS) was used in this study (Sohrabi and Samani, 2015). The MAS includes 15 items with a 7-points rating scale. The scale has five subscales: individual adjustment, family adjustment, marital adjustment, social adjustment, and job adjustment. Each subscale consisted of 3 items. The alpha coefficient for these subscales ranged between 0.80 to 0.89.

To compare the different dimensions of the MAS between workaholic group and non workaholic, MANOVA test was used.

Table1. Alpha coefficient and test-retest reliability

Adjustment subscale	Alpha coefficient	Test-retest reliability (n=40)
Individual	0.80	0.83
Family	0.83	0.87
Marital	0.81	0.80
Social	0.89	0.85
Job	0.81	0.75

3. Results

To compare different dimensions of adjustment between workaholic group with non workaholic group,

MANOVA test was used. Table 2 showed mean and SD of these two groups.

Table 2. Mean and SD for different dimensions of the MAS

Adjustment scale	Group			
	Workaholic		Non workaholic	
	Mean	SD	Mean	SD
Individual	13.1	5.3	15.1	4.3
Family	14.8	4.6	16.7	4.6
Marital	14.4	6.9	17.0	5.4
Social	13.0	5.1	14.6	4.9
Job	15.1	5.0	16.2	5.0

Table 3 revealed the results of MANOVA test for the comparison. The MANOVA analysis revealed significant differences between these two groups in individual, family, and marital adjustment.

Table 3. MANOVA results to compare groups

Adjustment Scale	F	P<
Individual	4.7	0.03
Family	4.3	0.03
Marital	4.5	0.03
Social	2.7	0.10
Job	1.3	0.24

3. Discussion

Based on the results of the research, workaholism in medical specialists is associated with low adjustment in different areas (family functions, personal activities and marital performance). Indeed, workaholic people are not efficient to cope with family problems and they have problem to manage their relation with family members. Also these people have some problem to adjust with their marital conflicts that it is associated with marital dissatisfaction. In sum, the result revealed that workaholism is correlated with low adjustment.

Acknowledgements

We sincerely thank Dr. Siamak Samani for his guidance in carrying out this research, without his guidance this study would not have been possible.

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